



6/18/20

**Guidance to OASAS Certified Programs about Addiction Treatment, Recovery,
and Prevention Services during New York Forward**

New York State is reopening in phases, on a regional basis, based on specifically defined data metrics. Please familiarize yourselves with the plan, [New York Forward](#), as well as the [Regional Monitoring Dashboard](#).

Residential and Inpatient Addiction Treatment Programs

Effective immediately, the following applies to OASAS certified residential and inpatient addiction treatment programs during NY Forward:

- For residential and inpatient addiction treatment programs in regions that have met all 7 [metrics for Phase One of re-opening](#), OASAS relaxes the criteria in point 1 of the guidance issued on 3/20/20, "[Guidance for Admissions and Continued Stay in Community Based OASAS Inpatient and Residential Settings during the COVID-19 disaster emergency](#)," and programs can return to admitting and discharging patients per previous LOCADTR 3.0 criteria once they notify and receive approval from OASAS Regional Office.
 - Any program that has a confirmed COVID-19 case among staff or patients must continue following the criteria for admission and discharge detailed in point 1 of the above referenced 3/20/20 [guidance](#) until they have not experienced a confirmed or suspected COVID-19 case among staff or patients for at least 14 days.
- Programs must continue to follow other parts of the [3/20/20 guidance](#), including prioritizing admission for those individuals who do not have a safe living space or situation.
- Programs must continue to follow all [infection control guidance from OASAS](#), the NYS Department of Health (DOH), and local health departments (i.e., formal and informal written and verbal communications from local health departments), including but not limited to reserving at least one private room at all times for patients who may need to be isolated or quarantined, as well as maintaining a low enough total census to allow for continued social (physical) distancing within programs.
- Programs must continue to report both staff and patient COVID-19 cases to their OASAS Regional Office and coordinate with their local health departments for tracking and contact tracing purposes.

- Residential and inpatient addiction treatment programs in regions that have been authorized to enter Phase Three of reopening may begin to allow visitation to and from programs. No client who is being isolated or quarantined due to COVID-19, suspected COVID-19, or a recent contact with a case of COVID-19, may be visited at the program or allowed to leave the program to visit the community. Programs must continue to schedule and pre-screen all visitors to the program per [infection control guidance from OASAS](#), and must adhere to social distancing between all parties during visits, as well as require [face coverings](#). All visits should occur in pre-designated areas to facilitate infection control and social distancing practices. One-on-one visits and visits outdoors should be encouraged. However, indoor visits of limited size (five or fewer people in a room) and duration (less than an hour) can occur. When residents visit the community outside the program, they must be educated about standard infection control practices before the visit (i.e., hand hygiene, face coverings, social distancing) and must be screened for COVID-19 symptoms and risk (including taking temperature) in-person when returning and, if the screening is positive, must be isolated or quarantined as appropriate per [infection control guidance from OASAS](#).
 - Any program that has a confirmed COVID-19 case among staff or patients must restrict unnecessary visitation to and from the programs until they have not experienced a confirmed or suspected COVID-19 case among staff or patients for at least 14 days.

Outpatient Addiction Treatment Programs

Effective immediately, outpatient addiction treatment programs, including problem gambling treatment services, in regions that have met all 7 [metrics for re-opening](#) can modify how they follow the 4/19/20 guidance, “[New York State Office of Addiction Services and Supports \(OASAS\) COVID-19 Guidance for Outpatient Addiction Treatment Programs](#)”, as follows:

- Telepractice is still the preferred method of providing treatment, whenever possible.
- Programs must continue to follow all infection control guidance, including the 3/11/20 “[Guidance for NYS Behavioral Health Programs](#).”
- Programs must have a plan to maintain adequate social distancing among/between any onsite staff and clients while on site, and must have all individuals (i.e., staff and clients) wear face coverings per [Executive Order 202.16](#) and [NYS DOH guidance](#) when on site unless otherwise documented by the individual’s medical provider as having a medical reason that they cannot do so.
- In-person individual sessions may occur with masks/face coverings and while maintaining social distancing, but providers should still consider the risks vs

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benefits of in-person sessions (including risk to clients during transport to/from the program) for each client in the context of continued COVID-19 infection risk.

- Toxicology can resume but should still only occur in the context of an in-person program visit for another reason, and the risks vs benefits of in-person procedures (including risk to clients during transport to/from the program) should be considered for each client in the context of continued COVID-19 infection risk. In general, toxicology should not be frequent and for some clients may still not occur at all.
- In-person counseling/treatment and recovery groups can meet outdoors while using masks/face coverings and maintaining social distancing.
- All settings as well as program policies and protocols need to be assessed for their ability to maintain infection control standards and social distancing per relevant sections of [guidance for outpatient healthcare settings from the NYS DOH](#), such as (but not limited to) having waiting areas with clear direction about seating and standing distances indicated with tape or other markings.
- Outpatient addiction treatment programs in regions that have been allowed to enter Phase Three of reopening may resume in-person group counseling indoors. Programs must continue to schedule and pre-screen all in-person client visits per [previous outpatient guidance from OASAS](#), and must adhere to social distancing between all parties during groups, as well as require [face coverings](#). Indoor groups should be of limited size (ten or fewer people in a room, depending on room size) and duration (less than an hour).
- Please note that there are additional/distinct operational and clinical considerations for OTPs, which are addressed in separate guidance on the [OASAS coronavirus page](#).

Prevention and Problem Gambling Services

Phase Two Regions: Programs offering Prevention services, including problem gambling prevention, in regions that have been allowed to enter Phase Two of reopening may allow but not require staff to resume operating in their office spaces, but must adhere to all [business guidance for reopening in Phase Two](#), including developing specific policies and protocols to follow [guidance specific to office spaces](#). These policies and protocols to ensure infection control precautions in office spaces should include but not be limited to staff screening (e.g., COVID-19 risk and symptom questions, temperatures), visitor restrictions, social distancing among staff, staggered work schedules, continued remote working when able, use of [face coverings](#), and disinfecting procedures. Programs must adhere also to any and all procedures of facility hosts when they are tenants and are responsible for ensuring infection control precautions within the space they occupy. All services to the public should continue to be offered remotely rather than in-person during Phase Two, except for certain in-person prevention counseling services as follows.

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For programs conducting one-on-one prevention counseling and other intervention services such as Teen Intervene and Brief Alcohol Screening and Intervention for College Students (BASICS):

- Telepractice should continue to be the preferred method to deliver prevention counseling services, whenever possible.
- If face-to-face prevention counseling services are provided the programs must follow all infection control guidance, including the 3/11/20 "[Guidance for NYS Behavioral Health Programs.](#)"
- Programs must have a plan to maintain adequate social distancing amongst/between any onsite staff and clients while on site, and must have all individuals (i.e., staff and clients) wear face coverings per [Executive Order 202.16](#) and [NYS DOH guidance](#) when on site unless otherwise documented by the individual's medical provider as having a medical reason that they cannot do so.
- In-person individual sessions may occur with masks/face coverings and while maintaining social distancing, but providers should still consider the risks vs benefits of in-person visits (including risk to clients during transport to/from the program) for each client in the context of continued COVID-19 infection risk.

Phase Three Regions: Prevention and problem gambling prevention services in regions allowed to enter Phase Three of reopening may resume offering all in-person services and activities including the delivery of prevention programming in a group setting. However, distance learning platforms should continue to be widely used for the delivery of prevention services, to reduce visits to office spaces and allow for the maintenance of social distancing. When face-to-face services are provided, the program must adhere to any and all procedures of facility hosts when they are tenants, and must also have their own infection control policies and protocols and adhere to social distancing and require [face coverings](#). Activities outdoors should be encouraged whenever possible. One-on-one indoor activities (with social distancing and face coverings) are safer than group activities. However, any indoor group activities should be of limited size (twenty or fewer people in a room, depending on room size) and duration (less than an hour).

Recovery Services

Phase Two Regions: Programs offering Recovery services in regions that have been allowed to enter Phase Two of reopening may allow but not require staff to resume operating in their office spaces, but must adhere to all [business guidance for reopening in Phase Two](#), including developing specific policies and protocols to follow [guidance specific to office spaces](#). These policies and protocols to ensure infection control precautions in office spaces should include but not be limited to staff screening (e.g., COVID-19 risk and symptom questions, temperatures), visitor restrictions, social distancing among staff, staggered work schedules, continued remote working when able, use of [face coverings](#), and disinfecting procedures. Programs must adhere also to

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any and all procedures of facility hosts when they are tenants and are responsible for ensuring infection control precautions within the space they occupy. All services to the public should continue to be offered remotely rather than in-person during Phase Two.

Phase Three Regions: Programs offering Recovery services in regions that have been allowed to enter Phase Three of reopening may resume offering in-person services to the public. They must adhere to any and all procedures of facility hosts when they are tenants, and must also have their own infection control policies and protocols and adhere to social distancing and require [face coverings](#). Activities outdoors should be encouraged whenever possible. One-on-one indoor activities (with social distancing and face coverings) are safer than group activities. However, any indoor group activities should be of limited size (twenty or fewer people in a room, depending on room size) and duration (less than an hour).

Questions should be directed to OASAS Regional Offices, PICM@oasas.ny.gov, Legal@oasas.ny.gov, or Prevention@oasas.ny.gov